

CONSENT TO CARE AND TREATMENT POLICY

Policy Statement

Complete Care Agency is to ensure that all service users are asked for their consent whenever care or treatment services are proposed or changed and that there are effective procedures in place to ensure that they can give or withhold such consent.

Scope

Complete Care Agency understands the term 'consent' in the context of health or social care to refer to the moral and ethical duty on a service provider to obtain prior agreement from a person before any care or treatment or procedure is performed upon them or before a service is provided. Complete Care Agency understands this to be a fundamental human right. Furthermore, it understands 'informed consent' to refer to the need to ensure that the person giving their consent has a clear appreciation of and understanding of the facts, and the implications and consequences of their actions.

Policy

Given that 'informed consent' is therefore desirable before any care or treatment decisions are made, it follows that service users need to be fully informed about the care or treatment that they are being asked to consent to. Where this is not possible, because they may lack the mental capacity to make a decision for themselves, then Complete Care Agency understands the need to comply fully with the **Mental Capacity Act 2005** that states that where a service user might not have the mental capacity to give informed consent about any care and treatment proposed they should be properly assessed in line with the requirements of the Act. If from the assessment it is clear that the person cannot give their informed consent on account of their mental capacity, a decision must be taken in their 'best interests' following Mental Capacity Act procedures.

To ensure that a decision is in a person's best interests, Complete Care Agency will always encourage and enable the person to have the services of an independent advocate if needed. If the care and treatment proposed implies a deprivation of that person's liberty in any way, Complete Care Agency will always invoke established deprivation of liberty safeguarding procedures.

The desired outcome is that all service users are asked for their consent whenever care or treatment services are proposed or changed and that there are effective procedures in place to ensure that they can give or withhold such consent.

In addition to the above, Complete Care Agency also recognises that effective procedures for the gaining of consent are an important part of compliance with the registration requirements of the Care Quality Commission.

Complete Care Agency believes that every service user has the natural moral and ethical right to be asked whether or not they consent to care or treatment options which affect them.

Therefore, in Complete Care Agency:

- Service users (or their representatives) should always be asked for their explicit, informed consent whenever care or treatment services are being proposed to meet their needs, which include personal, health (including medication), social, psychological and spiritual needs. Written consent should be requested and documented except in the case of minor, day-to-day decisions which may be subject to verbal consent.
- Service users should be given adequate information about the proposed care or treatment. This should be supplied in a format and a way that the person can understand and should be sought by a person who has sufficient knowledge about them – and about the care, treatment and support options they are considering – in order that the service user can make an informed decision.
- The information provided to the service user about the care or treatment should include information about the risks, benefits and alternative options as well as information about how they can withdraw consent if they so wish.
- Service users and their representatives should be asked to read and sign all basic agreements about the service they receive and should be consulted on any proposed changes to these.
- Service users (or their representatives) should always be asked to sign their plan of care as an indication that they are in agreement with the services being proposed to meet their needs, which include personal, health (including medication), social, psychological and spiritual needs.
- Any proposed changes to a plan of care should always be discussed with the service user and, where appropriate, with their representatives. Consent should be obtained and this should be recorded in the care plan and by using an appropriate form. Service users' agreements and signatures should always be obtained following regular reviews.
- Where verbal consent is being sought for what are usually day-to-day care and treatment proposals or changes, the reasons for the need to seek consent, the fact that it has been obtained, and how, should all be recorded in the person's care plan.
- Service users' consent should always be sought in relation to any proposed participation in social and community activities, either directly from the resident or as a 'best interests' decision taken in discussion with their relatives and representatives.
- Complete Care Agency expects other healthcare professionals or organisations to be responsible for seeking consent for any care and treatment that they provide and Complete Care Agency will help to implement such care or treatment only on the basis that the service user has given their consent to the proposed treatment or a 'best interests' decision has been taken and recorded.
- Service users should always be given enough time to think about their consent decisions where requested, except in an emergency when this may not always be

possible. In a life threatening emergency situation, when receiving consent is not possible, decisions should be made which are in the best interests of the service user and with reference to any advance decisions which they may have made.

- The confidentiality of service users' consent decisions and deliberations should be respected at all times.
- Consent decisions should be made subject to regular review taking into account the changing needs of the service user.
- Where a service user is suspected of lacking the capacity to make an informed decision relating to a consent issue then a 'best interests' decision may have to be made for them – in such cases the full provisions of the **Mental Capacity Act 2005** should be followed, the fact that they have not been able to give their valid consent should be fully recorded using an appropriate form and, where necessary, deprivation of liberty safeguarding procedures should be implemented.
- Where it is considered that the care and treatment provided might restrict a person's ability to exercise choice or their freedom of movement, such as when bed rails are proposed, their written consent is always obtained or a 'best interests' decision fully recorded.
- Where a service user is found to lack the capacity to give their consent over one particular care or treatment option it should never be assumed that this applies to all decisions and further appropriate attempts should be made to inform them about treatment options and to obtain informed consent. A service user must be assumed to have capacity unless the contrary is established and should not be treated as unable to make a decision unless all practical steps have been taken without success to help them take the decision.
- Any refusal to give consent, or difficulty in obtaining it because of suspected mental incapacity, should be recorded in the service users' care plan together with an account of the actions taken to address the consequences of the decision or difficulty.
- Any valid decision by a service user to refuse or withdraw consent should always be fully respected.
- Complete Care Agency should support, enable or facilitate advocacy for any service user who might require it by being undecided about giving consent or by lacking the capacity to give their informed consent.
- Valid advance decisions about wishing to refuse care and treatment in the event of a loss of mental capacity will be disclosed and acted upon under the appropriate circumstances in order for a decision to be made in line with the person's wishes.
- Consent should always be sought if any proposal or request is made to take part in any research project and 'best interests' meetings should be held in the cases of anyone who cannot give their informed consent about taking part.
- Consent should always be sought in advance of any Care Quality Commission inspection where service users' notes or records are to be viewed and 'best interests' meetings should be held in the cases of anyone who cannot give their informed consent about taking part.

- Only staff who have accessed training in the **Mental Capacity Act 2005** and have shown that they are competent should take part in 'best interests' decision-making in relation to service users who cannot give their informed consent.

Management Duties

Managers and supervisors at Complete Care Agency have a duty to:

- regularly audit the use of this policy and the effectiveness of procedures to obtain consent
- monitor complaints and compliments relating to consent issues, taking action as required and fully investigating any complaints
- ensure that service users, and their relatives and representatives, have adequate processes in place to be able to register queries or complaints about consent issues and to have their thoughts listened to and acted upon.

Staff Duties

Staff at Complete Care Agency have a duty to:

- always act in full compliance with the **Mental Capacity Act 2005** and with the associated Deprivation of Liberty Safeguards
- understand the importance of obtaining consent and acquaint themselves with the procedures for obtaining consent operated at Complete Care Agency
- comply fully with organisational policies on confidentiality and data protection
- attend appropriate training.

Training

At Complete Care Agency:

- induction will include guidance on the obtaining of consent
- all staff will be trained in the requirements of the Mental Capacity Act and with the associated Deprivation of Liberty Safeguards.

Review of this Policy

Date: 16th January 2017

Review Date: 16th January 2020